

SOFER & HAROUN, L.L.P.
DECLARATION, POWER OF ATTORNEY & PETITION

ATTORNEY DOCKET NO: 1043-00245

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
COMBINED DECLARATION, POWER OF ATTORNEY & PETITION

TYPE OF DECLARATION

- ☐ Utility
☐ Design
☐ Supplemental
☐ Divisional
☐ Continuation
☐ Continuation-in-part
☒ National Stage of the PCT

INVENTORSHIP AND SPECIFICATION IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one is listed below) or a joint inventor (if plural inventors are named below) for which a patent is sought on the design entitled:

SPINAL SUPPORT COUPLING DEVICE

as described and claimed in the specification which

- ☒ is attached hereto.
☐ was filed on _____
☐ as U.S. Serial Number. _____; or
☐ Express Mail No. _____ (as serial number not yet known); and
☐ was amended on _____.
☐ was described and claimed in PCT International Application No. PCT/ /
 filed on _____; and
☐ as amended under PCT Article 19 and/or 34 on _____.

REVIEW OF PAPERS AND DUTY OF CANDOR

I have reviewed and understand the contents of the attached specification including the drawing and claims as amended by any amendment referred to below; and
 I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application, in accordance with 37 CFR 1.56(a); and
☐ in compliance with this duty there is attached an information disclosure statement.

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PRIORITY CLAIMS

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign applications for patent applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>PCT/US03/21572</u>	<u>PCT</u>	<u>10/07/2003</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year/Filed)	Yes No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year/Filed)	Yes No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year/Filed)	Yes No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States Application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<u>60/394,779</u>	<u>July 10, 2002</u>	<u>Pending</u>
(Application Serial No.)	(Filing Date)	(Status: Patented, Pending, Abandoned)

(Application Serial No.)	(Filing Date)	(Status: Patented, Pending, Abandoned)
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DECLARATION

I declare that all statements made above of my own knowledge are true and all statements made on information and belief are believed to be true; and these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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ATTORNEY DOCKET NO: 1043-002us

POWER OF ATTORNEY

I hereby appoint the following patent attorneys and/or patent agent(s) with full power of appointment, substitution and revocation to prosecute this application, to make alterations and amendments thereto, to receive the patent, and to transact all business in the Patent Office connected therewith.

2 Joseph Sofer (Reg. No. 34,438)
Robert M. Haroun (Reg. No. 34,345)

Please address all telephone calls and correspondence to:

Joseph Sofer
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New York, New York 10017
Telephone: (212) 697-2800
Facsimile: (212) 697-3004

PETITION

Wherefore, I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the above-mentioned specification and claims, and I hereby subscribe my name to the foregoing Declaration, Power of Attorney & Petition with references to the above-identified specification and claims.

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SIGNATURES

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Name of joint inventor: Dr. Joseph Aferzon
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Post Office Address: Same as above
Citizenship: United States

Inventor's Signature: _____

Date: 12/21/04

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